



**THOMAS L. GARTHWAITE, M.D.**  
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June 15, 2004

TO: Each Supervisor

FROM: Thomas L. Garthwaite, MD  
Director and Chief Medical Officer

A handwritten signature in blue ink, reading "Thomas L. Garthwaite", is written over the printed name and title.

**SUBJECT: ENGAGEMENT OF OUTSIDE CONSULTANT AT KING/DREW MEDICAL CENTER**

As you know, the Department of Health Services (DHS) initiated discussions earlier this year with Superior Consultant regarding the provision of executive management consultant services at King/Drew Medical Center. The Department has decided, given the amount of progress that has occurred at the facility, combined with the cost of this consultant, not to proceed with this engagement.

When these discussions were initiated in January, King/Drew Medical Center was facing the tremendous challenge of not only responding to the findings of the Centers for Medicare and Medicaid Services (CMS) and California State Licensing related to the quality of care at the facility and issues of staff competency, but the restructuring of the organization as well. Since that time, the interim management team has made significant progress toward correcting these deficiencies and providing strong and steady leadership to the facility's operations. King/Drew Medical Center has corrected most of the problems identified by CMS survey and succeeded in maintaining continued participation in the Medicare program as a result of the full scope CMS survey that was conducted last month. The hospital also successfully completed its Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) accreditation survey with continued accreditation, conditioned upon submission of a plan of correction that satisfactorily addresses the survey findings.

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There is confidence among the hospital's interim leadership that the remaining CMS areas requiring correction – Physical Environment and Nursing – will be corrected prior to CMS' resurvey later this summer. The remaining area of non-compliance involves Patient Rights and the protocols related to dealing with combative patients, with particular attention to the role of outside police in subduing these patients. This issue affects not only King/Drew Medical Center, but the other DHS hospitals as well. The Department is continuing to work with CMS to resolve this matter.

The Department believes that the stability provided by the current interim management team is critical to the ongoing success of the hospital in correcting the deficiencies identified by CMS and State Licensing and moving forward to institutionalize these new operational practices and behaviors over the long term.

Rather than proceed with the engagement of an outside consultant to provide executive management oversight at King/Drew Medical Center, the Department will be leaving the current interim management team remain in place to carry the facility through the follow-up CMS and JCAHO reviews this summer and fall and initiating a recruitment effort for a permanent Chief Executive Officer.

Please let me know if you have any questions.

TLG:ak

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors